Fill in this information	to identify your case:	
Debtor 1	Edwin Ackerman, Jr.	
Debtor 2 (Spouse, if filing)		
United States Bankrup	otcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	-13657	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	1061	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	☐ Employed
	attach a separate page with information about additional		☐ Not employed	■ Not employed
	employers.	Occupation	Cap One Associate	Disabled
	Include part-time, seasonal, or self-employed work.	Employer's name	Walmart	
	Occupation may include student or homemaker, if it applies.	Employer's address	Dhiladalahia DA	
			Philadelphia, PA	
		How long employed the	nere?	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,712

3. Estimate and list monthly overtime pay.

3. +\$ 0

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 1,712.00

			non-filii	non-filing spouse		
2.	\$	1,712.00	\$	0.00		
3.	+\$	0.00	+\$	0.00		
4.	\$	1,712.00	\$	0.00		

For Debtor 2 or

For Debtor 1

Official Form 106l Schedule I: Your Income page 1

Debt	tor 1	Edwin Ackerman, Jr.	_	Case	e number (if known)	20-13657		
				Fo	r Debtor 1	For Debtor	2 or	
	Con	ov line 4 hore	4.	\$	4 742 00	non-filing s	•	
	Cop	y line 4 here	4.	Φ_	1,712.00	Φ	0.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	316.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$_ \$	0.00	\$ \$	0.00	
	5e.	Insurance	5a. 5e.	\$ \$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$_	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	316.00	\$	0.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,396.00	\$	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	82	\$	0.00	¢	0.00	
	8b.	Interest and dividends	8a. 8b.	\$ \$	0.00	\$ \$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce		Ψ_	0.00	<u> </u>	0.00	
		settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$_ \$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive	oe.	Ψ_	0.00	Ψ	0.00	
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	— 8g.	\$	0.00	\$	0.00	
	•	Anticipated pro-rated tax refund		_				
	8h.	Other monthly income. Specify: based on prior return	8h.+	–		+ \$	0.00	
		Contribution from Daughter		\$_ 	1,650.00	\$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,754.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,150.00 + \$_	0.00	= \$ 3,150	.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedul ade contributions from an unmarried partner, members of your household, you are friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ır depen					0.00
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certailies					\$ 3,150	0.00
13.	Dov	you expect an increase or decrease within the year after you file this form	n?				Combined monthly incor	ne
		No.						
		Voc Exploin:						